

ISSUE SLIP STAMP (for additional references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	10	71530	10-15-99
O.J.P.E. CLASSIFIER	32		10/19
FORMALITY REVIEW		69916	10/26/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	3/18/01
2	3/18/01
3	3/18/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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